

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M-G	49	10/27/00
O.I.P.E. CLASSIFIER			11/7/00
FORMALITY REVIEW	BW	61887	11-22-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final Original 6.8.00	
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10	0
11	0
12	✓
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14	
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16	✓
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18	
19	
20	
21	
22	
23	✓
24	✓
25	0
26	0
27	✓
28	
29	
30	
31	✓
32	✓
33	0
34	0
35	✓
36	
37	
38	
39	
40	
41	✓
42	✓
43	0
44	✓
45	✓
46	✓
47	✓
48	0
49	✓
50	✓

Claim	Date
Final Original 6.8.00	
14	
51	0
52	✓
53	0
54	0
55	0
56	✓
57	0
58	0
59	✓
60	✓
61	✓
62	0
63	✓
64	✓
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67	✓
68	✓
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70	✓
71	✓
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73	✓
74	✓
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
staple additional sheet here